

AF 189
2136



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Nakamo et al.
Appl. No.: 09/846,522
Conf. No.: 5535
Filed: April 30, 2001
Title: AUTHENTICATION SYSTEM, AUTHENTICATION METHOD,
AUTHENTICATION APPARATUS, AND AUTHENTICATION METHOD
THEREOF
Art Unit: 2136
Examiner: C. Colin
Docket No.: 112857-221

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

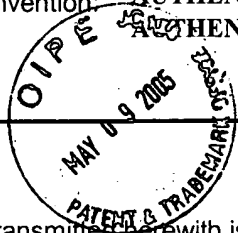


AMENDMENT

Sir:

In response to the Office Action dated March 9, 2005, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 8 of this paper.

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 112857-221	
Applicant(s): Nakamo et al.					
Application No. 09/846,522	Filing Date April 30, 2001	Examiner C. Colin	Customer No. 29175	Group Art Unit 2136	Confirmation No. 5535
Invention: AUTHENTICATION SYSTEM, AUTHENTICATION METHOD, AUTHENTICATION APPARATUS, AND AUTHENTICATION METHOD THEREOF					
 COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	23 -	23 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	7 -	7 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 02-1818 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ <i>Signature</i>			Dated: May 6, 2005		
Thomas C. Basso Reg. No. 46,541 Bell, Boyd & Lloyd LLC P.O. Box 1135 Chicago, Illinois 60690-1135 Phone: (312) 807-4310			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on May 6, 2005 (Date)  _____ <i>Signature of Person Mailing Correspondence</i> Heather Foster _____ <i>Typed or Printed Name of Person Mailing Correspondence</i> </div>		
CC:					